

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>W</i>		
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>TN</i>	<i>SC670</i>	<i>11 20 02</i>
		<i>JL717</i>	<i>04-10-01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	3-7-02
2	✓	✓	3-7-02
3	✓	✓	3-7-02
4	✓	✓	3-7-02
5	✓	✓	3-7-02
6	✓	✓	3-7-02
7	✓	✓	3-7-02
8	✓	✓	3-7-02
9	✓	✓	3-7-02
10	✓	✓	3-7-02
11	✓	✓	3-7-02
12	✓	✓	3-7-02
13	✓	✓	3-7-02
14	✓	✓	3-7-02
15	✓	✓	3-7-02
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If more than 150 claims or 10 actions  
staple additional sheet here

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